

Chapter 1

INTRODUCTION

A SUBSTANCE ABUSE STRATEGY FOR THE DISTRICT OF COLUMBIA

The statistics on substance abuse among the residents of the District of Columbia (the District) are disturbing. Approximately 60,000 residents--nearly one in 10--are addicted to illegal drugs or alcohol. Of the 1.3 million emergency room visits in the District, about 40 percent are related to drug and alcohol abuse. Fifty percent of the reported motor vehicle crashes in the District are associated with substance abuse. Nearly 15 percent of new mothers report having used illicit drugs during pregnancy. Eighty-five percent of foster care placements are connected with substance abuse. Twenty-seven percent of the cumulative reported AIDS cases in the District are related to intravenous drug use. And one source estimates that the social costs of drug and alcohol abuse to the District are more than \$1.2 billion. Adding tobacco-related social costs raises this figure to more than \$1.7 billion.

These troubling statistics, however, must be viewed against a larger background, one that includes the overall positive strides that have been made in recent years by the city. The District of Columbia has achieved real progress in reducing drug-related crime and violence in the past decade and in making neighborhoods safer and more secure. Efforts to restore its fiscal health and economic vitality are attracting new residents and businesses. Not all of the news is good, however, in particular the recent resurgence of homicides in the District.

Much of the District's progress so far is due, in part, to ongoing efforts to prevent, treat, and control substance abuse. The cocaine epidemic that ravaged the city for over two decades and nearly destroyed a generation of the District's youth has subsided. Today, rates of cocaine use by youth are low. Although no one can deny progress, serious hurdles remain, chief among them the

need to close the "treatment gap" between the city's drug treatment capacity and the number of individuals requiring help. Equally important is the need to continue a strong substance abuse prevention effort that will enable District youth to make healthy lifestyle choices. If the District is to become the capital city that every American can feel proud of, then recent positive strides against substance abuse must continue.

THE MAYOR'S TASK FORCE

In response to the impact of substance abuse on the District's health, safety, and financial stability, Mayor Anthony A. Williams appointed an executive-level task force to prepare and recommend the citywide

"A Substance Abuse Strategy for the District must represent a firm commitment to address both the public safety and public health aspects of the problem."
— DC Mayor Anthony A. Williams

Substance Abuse Strategy (Strategy) and budget. In May of 2001, the mayor established the Interagency Task Force on Substance Abuse Prevention, Treatment, and Control (the Task Force) and formally commissioned the group to oversee the District's substance abuse policies and interagency and intergovernmental substance abuse activities. According to the mayor's order, the Task Force is charged with "enhancing the effectiveness of the city's health, social service, and criminal justice system by monitoring use of federal grant funding together with local funding to implement innovative substance abuse programs." Furthermore, the mayor's order requires the

Task Force to “establish well-defined performance outcome measures that will facilitate an assessment of costs and benefits in investments in substance abuse prevention, treatment and control.”

A COMPREHENSIVE STRATEGY

For the past year the Task Force has worked closely with the mayor’s staff as well as with a wide variety of experts and stakeholders to develop a Substance Abuse Strategy that is both accountable to taxpayers and well coordinated with existing District agency plans and budgets. At a minimum, the Strategy is designed to address two enormous and perhaps ambitious challenges: reducing the city’s addicted population by 25,000 and reducing the social costs of substance abuse by \$300 million by the year 2010. In addition, the Task Force has also identified policies to address substance abuse among District youth, to close the gap between the numbers of individuals requiring treatment and the services available, and to enhance coordination between city and federal agencies.

“The mayor and the Task Force are committed to a strategic plan with the built-in support of a wide community of stakeholders.”-- Metropolitan Police Department Chief Charles H. Ramsey

From the outset, the mayor’s approach to developing the Substance Abuse Strategy for the District has represented a firm commitment to address both public safety and public health aspects of substance abuse. Clearly, District residents are entitled to protection from any unlawful behaviors, including those of drug offenders. And drug addicts--as individuals suffering from a chronic, relapsing brain disease--require comprehensive, effective treatment.

The mayor’s selection of Task Force leadership reflects his balanced approach to the issue. D.C. Department of Health Director James A. Buford and Metropolitan

Police Department Chief Charles H. Ramsey are working in close collaboration with the mayor’s staff to ensure a comprehensive line of attack.

THE SCOPE OF THE PROBLEM

Recent data make it clear that the city’s substance abuse problem as a whole is far more extensive than previously recognized. In December of 2000, the DC Department of Health engaged Westcom International, Ltd., to conduct the nation’s first-ever,

“The Strategy presented here represents our collective will to aggressively target addiction, so our citizens can enjoy healthy and productive lives.”-- D.C. Department of Health Director James A. Buford

comprehensive citywide household survey on substance abuse. The results of the survey of 1,535 District households reveal startling information. For illegal drugs alone, the rate of addiction in DC is nearly 40 percent higher than the rate of addiction for the nation that same year. Nine percent of District residents report a dependence on drugs and alcohol, compared with a national estimate of 4.8 percent identified by the federal government’s 2000 National Household Survey on Drug Abuse. Furthermore, the survey’s addiction rates are considered to be conservative because, like all household surveys, the DC Household Survey excludes institutionalized and homeless populations. Moreover, one out of six adolescents--children between 12 and 17 years old--reported having consumed alcohol in the month leading up to the survey. Twenty-one percent of adolescent respondents had used an illicit drug in the past year, and 7 percent reported using an illicit drug within the past month.

At the mayor’s request, the Task Force conducted an analysis of the District’s drug programs and governmental expenditures. Each District agency provided the Task Force with an inventory of substance abuse-related programming and financial figures. The analysis revealed that District agencies spent

more than \$289 million of local funds on treatment, prevention, and law enforcement efforts in Fiscal Year 2003. Federal expenditures add another \$61 million to overall governmental expenditures in the District. Another \$7 million are funds from “other” sources, which include monies the District receives from non-tax revenue. It must be clearly understood, however, that these funds, approximately \$356 million, include an extensive array of programming that targets substance abuse secondarily to other issues. In other words, only \$53 million, or 15 percent, of the total \$356 million expenditure can be tied to programs whose primary focus is substance abuse-related. Furthermore, only \$35 million of the \$53 million is dedicated solely to the direct provision of substance abuse treatment programs.

The analysis of the District’s drug programs and budgets underscores two main points. First, a significant percentage of the budget is already directed to solving the problem of substance abuse and its consequences. Second, this substantial amount may still be inadequate, especially with regard to two critical missions: 1) closing the gap between the number of addicts requiring treatment and the services that are available and 2) strengthening the District’s substance abuse prevention programs.

The wisdom of investing in treatment, in particular, becomes especially clear when one takes a longer-term perspective. Effective treatment, meaning treatment that is comprehensive and includes aftercare, returns more in the long run to its community than it initially costs. Recent research has found that every dollar spent on effective treatment leads to a \$7.46 reduction in crime-related spending and lost productivity. When savings related to health are included, every \$1 invested in addiction treatment programs yields \$12 in savings.

More and more politicians, policymakers, and members of the public are supporting increased treatment funding as reasonable “venture capital” whose upfront investment yields downstream benefits. For example, in

April 2000, the District of Columbia Council enacted the Choice in Drug Treatment Act of 2000 (the Act) which established a voucher system allowing patients to choose services from an approved list of providers. The Act also contained separate provider certification requirements. Ultimately the Act will enhance access to treatment services by expanding the pool of providers that meet certification requirements. In addition, the Act established the Addiction Recovery Fund as the sole source of payments to participating certified treatment providers. Finally, a portion of the monies allocated to the fund was earmarked to implement a pilot substance abuse treatment program for youth. However, because these funds were previously targeting adults, fewer adults will be served through this funding source.

“Upfront investment in effective prevention and treatment will save taxpayer money and the lives of District residents.”

-- Addiction, Prevention, and Recovery
Administration Interim Deputy Director William
H. Steward

The certification of treatment providers results in tangible financial benefit to the District of Columbia. Certification is a prerequisite to gain Medicaid reimbursement for treatment services provided to Medicaid eligible clients. With the approval of the Medicaid Rehabilitation Option for Substance Abuse services in 2003, the District will gain access to additional substance abuse treatment dollars.

A COMMUNITY APPROACH

The mayor and the Task Force are committed to the development and implementation of a strategic plan that has the built-in support of a wide community of stakeholders. To foster community buy-in, the Task Force sponsored focus groups that evolved into Strategy Working Groups in the areas of prevention, treatment, and law enforcement. In many instances, individuals

within the same field met for the first time. In addition, the Task Force sponsored a series of Neighborhood Forums to gather the community's perspectives and to incorporate them into the Strategy. The Strategy Working Groups and Neighborhood Forums identified the most pressing issues and provided the Task Force with valuable input on strategic goals, objectives, and activities. In the coming year as the Strategy is implemented, the Working Groups will serve as a major form of linkage to the entire community of District stakeholders.

RESULTS-DRIVEN STRATEGY

The mayor's concept of the Substance Abuse Strategy for the District has always been one that is fully accountable to the city's taxpayers. In an effort to ensure effective monitoring and measurement of Strategy outcomes and results, the Task Force consulted the nation's leading experts on drug policy and budget. The District's approach incorporates the latest and most sophisticated methodology in the field of drug policy, including the "logic model" technique, which utilizes a systems approach and establishes accountability by linking programming, budget, and measurable goals and objectives. Unlike the traditional "supply versus demand reduction" approach, the logic model acknowledges the inter-relatedness of drug programming efforts, particularly the relationship between criminal justice and treatment efforts that function to reduce both the supply of and demand for drugs. Second, the logic model emphasizes the critical need for cooperation and coordination among different levels of government. This is especially important in the case of the District in which the drug-related activities of the federal and other adjacent governments are inextricably linked.

The following Strategy represents a comprehensive, coordinated response to the serious threat posed by substance abuse and its consequences in the District. It provides an overview of current programming to address

the problem and outlines steps to better focus its efforts. It establishes goals and priorities in the areas of programs and budget and sets forth a framework for enforcing accountability. This strategic approach is especially critical in the face of challenges posed by scarce resources. Spending priorities and targeted points of attack are realistically described in the context of existing District agency policies, plans, and budgets.

Strategic planning is an "organic" process, in which a formal feedback mechanism--or performance measurement system--is used to refine and enhance a strategic approach. (Strategic planning will be addressed in detail in Chapter 4). Nevertheless, the core underlying principles of the District's Substance Abuse Strategy will remain constant. We must attempt to prevent drug problems before they start. We must foster a compassionate response to the suffering of addicts and their families. We must ground a substance abuse strategy in a foundation of political will, beginning with the city's mayor and spreading out to the individuals at the neighborhood level. Finally, we must involve a network of stakeholders who are committed to the development, implementation, and monitoring of the Strategy.

It is the vision of both the mayor and the Task Force that this strategic plan becomes a model effort to inspire other cities with its methodology, planning, implementation, and success.